

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002995

STATE FILE NUMBER

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 2

FILED JAN 12 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>PERRY</u>	a. STATE	<u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>PERRYVILLE</u>	c. CITY OR TOWN	<u>STE. GENEVIEVE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	<u>PERRY CO. MEMORIAL HOSP.</u>	d. STREET ADDRESS (If outside, give location)	<u>21 TRIANGLE</u>
	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First	Middle	Last	Month Day Year
<u>MARY</u>	<u>ANN</u>	<u>RUEBSAM</u>	<u>JAN 4 1962</u>
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<u>FEMALE</u>	<u>WHITE</u>		<u>8/23/90 71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<u>AT HOME</u>			
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>ST LOUIS MO</u>		<u>U.S.A.</u>	

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<u>JOHN MADDEN</u>	<u>CATHERINE ENGBAUSER</u>	<u>VAL RUEBSAM</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
<u>NO</u>		<u>Mon August Wilbur Ste. Genevieve Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>5 yrs.</u>
DUE TO (b) <u>HYPERTENSIVE HEART DISEASE</u>		<u>20 years.</u>
DUE TO (c) <u>GENERALIZED ARTERIO SCLEROSIS</u>		<u>10 yrs +</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
<u>Nephrosclerosis</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY	Hour Month, Day, Year	
	a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>JULY 1960</u> to <u>Jan 4 1962</u> and last saw her alive on <u>Jan 4 1962</u>	Death occurred at <u>6 50 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>Joseph F. Lutz MD.</u>	<u>Ste Genevieve Mo.</u>	<u>Jan 5/62</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>1/8/62</u>	<u>VALLEY SPRING</u>	<u>STE. GENEVIEVE MO</u>

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Lee C. Barber Ste. Genevieve Mo</u>	<u>1-6-62</u>	<u>Joe J. Zollner</u>

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Adrian J. Ehler*

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.